2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Aug 09, 2007 8:00 am Secretary of State 08-09-2007 90054 015 ***150.00 **DOCUMENT # P02000024767** 1. Entity Name BENÝZ SHOES, INC. daren. Principal Place of Business Mailing Address 1611 N.E. 32ND ST 1611 N.E. 32ND ST POMPANO BEACH, FL 33064 POMPANO BEACH, FL 33064 07172007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 02-0578644 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BENITEZ, LUIS A 1611 N.E. 32ND ST DO NOT WRITE POMPANO BEACH, FL 33064 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 14, 2007 OFFICERS AND DIRECTORS 10. TITLE BENITEZ, LUIS A NAME STREE! ADDRESS 1611 N.E. 32ND ST POMPANO BEACH, FL 33064 CHTY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: X

CITY ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Luis Benilez

7 17/07

786) 543-0902

FILED